Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

2400 -0548P

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			7				٢	RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ļ	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS) - minus 20=		*d			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 _ minus 3 =		*0		Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	
* If the difference in column 1 is less than z				ero, entei	"0" in c	olumn 2	L	TOTAL	376	ρ̈́R	TOTAL	
CLAIMS AS AMENDED - F					T II			1			OTHER	
		(Column 1) CLAIMS		(Colur		(Column 3)		SMALL		OR	SMALLI	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	Π	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM	ا اليا ا	!	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
		А	DDIT. FEE			ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVI PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	LIHS! PHESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J	+140=		OR	+280=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]			OR	7.0-1-	
*	If the entry in colu	mn 1 is loss than t	he catar is out	ima 2 web	o "O" in ca	dumo 2	Į	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er foui	nd in the app	propriate bo	x in co	lumn 1.	